

F03000004729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

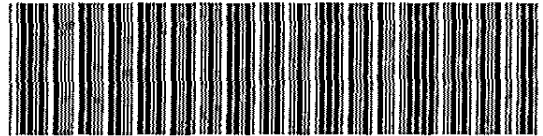
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05 APR 25 AM 9:57
SECRETARY OF STATE
TREASURER
TREASURER

C. Coulliette

MAY 03 2005

withdr

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alpine Glass Inc.
(Name of corporation)

DOCUMENT NUMBER: F03000004729

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Misty Gray
(Name of Person)

Alpine Glass Inc
(Firm/Company)

P.O. Box 1927
(Address)

Bellevue WA 98009
(City/State and Zip code)

For further information concerning this matter, please call:

Misty Gray at (425) 827-4711
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Alpine Glass, Inc.
(Name of Corporation)

FD3000004729
(Document Number of Corporation (if known))

Minnesota
(Incorporated Under Laws of)

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SECRETARY OF STATE
TREASURER FINANCY

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

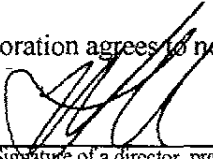
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

PO BOX 1927
(Mailing Address)

Bellevue WA 98009
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

4/21/05
(Date)

Michael Reid
(Typed or printed name of person signing)

president
(Title of person signing)

FILING FEE \$35